



County of Sacramento

IN-PLACE SEPTIC TANK ABANDONMENT/DESTRUCTION PROCEDURE

The following procedure is to be followed when unused septic tanks are destroyed in-place according to Section 722 of the Uniform Plumbing Code:

1. "Septic Tank Destruction Permit" must be obtained, and a fee paid to the Environmental Compliance Division at:

10590 Armstrong Ave., Suite A
Mather, CA 95655
(916) 875-8400

2. Every cesspool or septic tank which has been abandoned or has been discontinued otherwise from further use or to which no waste or soil pipe from a plumbing fixture is connected, shall have the sewage removed, a hole that punctures the bottom of the tank, and be completely filled with sand, gravel, concrete or other approved fill material. The pumping must be done by a firm possessing a valid registration issued by the Environmental Compliance Division.
3. The cover over the cesspool or septic tank shall be removed and a photograph taken before filling. The filling shall not extend above the top of the vertical portions of the sidewalls or above the level of any outlet pipe until a second photograph has been taken. After the photograph has been taken, the cesspool or septic tank shall be filled to the level of the ground.
4. Submit a copy of the pumping receipt, as well as before and after photographs to septicinfo@saccounty.net . Once the proper documentation has been received, the permit will be finalized and a copy returned to the applicant.

PLEASE NOTE

If the proper protocol is not followed and any additional work is required by EMD, the applicant/property owner will be charged an hourly rate for services



LIQUID WASTE PERMIT APPLICATION
ENVIRONMENTAL MANAGEMENT DEPARTMENT • ENVIRONMENTAL COMPLIANCE DIVISION

10590 ARMSTRONG AVENUE • SUITE A • MATHER, CA 95655
 TELEPHONE (916) 875-8550 • FAX (916) 875-8513

LIQUID WASTE INSPECTION LINE: (916) 875-1500

GENERAL INFORMATION

<input type="checkbox"/> Standard System Install (4220)	<input type="checkbox"/> Standard System Repair/Modification (4230)	<input type="checkbox"/> Septic Tank Destruction (4264)	<input type="checkbox"/> Holding Tank-Tem (4280)
<input type="checkbox"/> Alternative System Install (4221)	<input type="checkbox"/> Alternative System Repair/Modification (4231)	<input type="checkbox"/> Tank Replacement (4232)	<input type="checkbox"/> Holding Tank- Fix (4281)
If Repair, age and design of system: _____			
Reason for failure: _____			

SITE INFORMATION

Address: _____	City: _____	Zip: _____
Cross Street: _____	APN #: _____	Lot size: _____ acres
Property Owner Name: _____	Phone Number: _____	
Soil studies (perc test / test drill) Date: _____	ON#: _____	By: _____

RESPONSIBLE PARTY (Billing)

<input type="checkbox"/> Contractor	Name: _____	Mailing address: _____
<input type="checkbox"/> Property owner	_____	
<input type="checkbox"/> Consultant	Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone /Fax () - <input type="checkbox"/> email:	

SYSTEM INFORMATION

Intended Use:	<input type="checkbox"/> Residential Use – Number of bedrooms: _____ (<input type="checkbox"/> Single family / <input type="checkbox"/> Mobile home)
	<input type="checkbox"/> Commercial Use – Type of business: _____ Gallons per day: _____
	<input type="checkbox"/> Other, please explain: _____
Water source:	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Water
	Subdivision: _____

DESIGN INFORMATION

Septic Tank:	<input type="checkbox"/> New <input type="checkbox"/> Existing	Size: _____ gallons	Tank Pumped: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Make: _____	
Leaching Pits	<input type="checkbox"/>	Quantity: _____ pits	Diameter: _____ ft
		Depth: _____ ft	
Deep Trench:	<input type="checkbox"/>	Total linear feet _____	# of laterals _____
Leach Line:	<input type="checkbox"/>	Length _____ ft	Width: _____ in / ft
		Depth _____ in / ft	
Other	<input type="checkbox"/>	Submit engineer's design specifications	

PROVIDE A PLOT ON PLAN SHEET AND ATTACH.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE PROPOSED WORK WILL BE DONE TO MEET THE REQUIREMENTS OF SACRAMENTO COUNTY CODE, CHAPTER 6.32 AND ALL REGULATIONS OF THE COUNTY HEALTH OFFICER. A FEE FOR THE SEWAGE DISPOSAL SYSTEM PERMIT IS SUBMITTED HEREWITH. THIS PERMIT WILL EXPIRE ONE YEAR FROM DATE OF ISSUE. I AGREE TO NOTIFY EMD 24 HOURS IN ADVANCE FOR FINAL INSPECTION.

Print Name: _____ Signature: _____ Date: _____

Property Owner Contractor Lic No: _____ Lic Type: _____ Field Phone# () _____ - _____

OFFICE USE ONLY

Permit Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	By: _____	Date: _____
Permit conditions / comments: _____		

AR# _____	INVC# _____	Amt Paid _____	Date _____	ON# _____
Finalized by: _____		Date: _____	GPS: 38 _____	-121.. _____
Comments _____				